24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Senate Conservatives Fund	
	C C00448696
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Senate Conservatives Fund	M M / D D / Y Y Y Y
Mailing Address PO Box 388	01 11 2014 Amount
City State Zip Code	936.35
Alexandria VA 22313-5404	Transaction ID: E45E6C27F1EC9406A907 Date of Disbursement or Obligation
Purpose of Expenditure IE-Bevin-Online Processing Category/ Type	01 11 / 2014
Name of Federal Candidate Support Office	e Sought: House District:
Matthew Griswold Bevin Oppose	President X Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
Full Name of Payee	
Senate Conservatives Fund	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 388	
	Amount
City State Zip Code	1212.80
Alexandria VA 22313-5404	Transaction ID: EF3DB1F7BF1734B90BE8 Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
IE-Bevin-Online Processing Type	01 18 2014
Name of Federal Candidate Support Office	e Sought: House District:
Matthew Griswold Bevin Oppose	President Senate State: KY
	ursement For: X Primary General
Per Election for Office Sought 13029.60	
(a) SUBTOTAL of Itemized Independent Expenditures	2149.15
(a) COSTOTAL OF HOMEZON HOOPOING INCOMINE EXPONENTIAL COMMINGENERAL COMI	2140.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Paul Kilgore	M / D D / Y T Y T Y
[Electronically Filed] Date C	
Signature	